

**Natural Disaster Claim for Refund of State Sales Taxes Paid**

Return completed form to:
Louisiana Department of Revenue
Taxpayer Services Division
Sales Tax Section
P. O. Box 201
Baton Rouge, LA 70821-0201

Taxpayer name _____ Social Security Number _____

Spouse's Social Security Number _____

Mailing address _____

Resident of Louisiana since _____

Location where property was destroyed

Street _____

City, Parish _____

The above individual, being duly sworn, deposes and says that the following statement is true and correct, that he is entitled to the refund requested, and that he is not delinquent with the State of Louisiana in the payment of any other state taxes.

Nature of disaster _____ Date of disaster _____

Amount requested to be refunded \$ _____

Sales Tax Refund Schedule – Disaster Loss of Tangible Personal Property, Form R-1362S, or a schedule detailing this computation must be attached to this claim form.

This refund is claimed for the following reason:

The property described on the schedule was destroyed by natural disaster in a "natural disaster area" so declared by the President of the United States. I hereby certify:

- that the destroyed property was held for personal use at my residence, was not owned by a business, partnership, or corporation, and was not otherwise used by any person for commercial purposes;
- that the property was movable, both at the time of its acquisition and at the time of its destruction;
- that I actually paid the Louisiana state sales/use tax on my acquisition of the destroyed property in the amounts now requested to be refunded, and that the property was not acquired by gift, by importation from outside the state, or otherwise without payment by me of the Louisiana sales/use tax; and,
- that no part of this loss has been or is expected to be reimbursed by insurance, or otherwise, except as indicated.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ day of _____, _____ year

Taxpayer _____
Signature

Officer administering oath _____
Signature Title